

GREAT LAKES SIRE SERVICE

BULL ADMISSION FORM

OWNER INFORMATION:

Date _____

FARM NAME _____

PHONE _____

CONTACT PERSON _____

FAX _____

ADDRESS _____

E-MAIL _____

BULL INFORMATION:

NAME _____

BREED _____

REGISTRATION # _____

TATTOO _____

DATE OF BIRTH _____

STUD CODE _____

TYPE OF COLLECTION

ORDER SIZE _____

ONE DAY COLLECTION

NON CERTIFIED BOARDED

CSS

EXPORT (COUNTRIES DESIRED) _____

TB STATUS

ORIGINATED FROM ACCREDITED HERD

WHOLE HERD NEGATIVE TEST WITHIN PAST 12 MONTHS

INDIVIDUAL NEGATIVE TEST WITHIN PAST 30 DAYS

SPECIAL FEEDING INSTRUCTIONS: